

Medical Facilities Licensing | Licensing Division P.O. Box 30205, Lansing, MI 48909 Telephone: 517- 284-8599 CRA-Applications@Michigan.gov

## **DISCLOSURE 7 – CRIMINAL HISTORY**

		Supplem	ental Indi	vidual Name			Phone No.				
(1)	Has the supplemental individual been indicted for, charged with, arrested for, convicted of, pled guilty or nolo contendere to, or forfeited bail under the laws of any jurisdiction (state, federal, or foreign) concerning any felony criminal offense or a misdemeanor involving a controlled substance, dishonesty, theft, or fraud, <b>not including traffic violations</b> , regardless of whether the offense has been reversed on appeal, reduced, expunged, set aside, pardoned or otherwise?										
(2)				individual been found responsible fo			cal ordinance in any state involving a controlled				
	substance, dishonesty, theft, or fraud that substantially corresponds to a misdemeanor in that state, whether the offense has been reversed on that appeal, reduced, expunged, set aside, pardoned or otherwise?  — Yes — No										
(3)	As to any criminal offense, either felony or misdemeanor, in the laws of any jurisdiction, <b>not including traffic violations</b> , regardless of whether the offense has been reversed on appeal, reduced, expunged, set aside, pardoned or otherwise, has the supplemental individual ever:										
		Yes	No		Yes	No					
				been arrested			pled nolo contendere (no contest)				
				been charged			forfeit bail concerning an offense				
				been indicted			had a criminal record expunged				
				been convicted			been incarcerated				

(4) Please provide the following information for all arrests, charges, indictments, and convictions.

#	Name of Offense	Type of Offense	Date	Arresting Agency/Jurisdiction	
1					
	Name & Location of Court	Docket/Case #		Disposition	
#	Name of Offense	Type of Offense	Date	Arresting Agency/Jurisdiction	
2	Name & Location of Court	Docket/Case #		Disposition	
#	Name of Offense	Type of Offense	Date	Arresting Agency/Jurisdiction	
3	Name & Location of Court	Docket/Case #		Disposition	
#	Name of Offense	Type of Offense	Date	Arresting Agency/Jurisdiction	
	Tune of Offense	Type of Offense	Date	Treesing regency our sarction	
4	Name & Location of Court	Docket/Case #	Disposition		

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